

APPLICATION FOR EMPLOYMENT

Phelps Memorial Health Center
1215 Tibbals - Holdrege, NE 68949

Return this form to Human Resources. Resume' may be attached

Position(s) Applied For _____ Date of Application ____/____/____

Name _____
Last
First
Middle

Address _____
Street/Route
City
State
Zip

Telephone (_____) _____ - _____ Social Security Number _____ - _____ - _____

Email address: _____

If you are under 16, can you furnish a work permit? Yes No

Have you been previously employed by PMHC? Yes No What year? _____

Are you legally eligible for employment in the United States?(Proof of US citizenship/immigration status required upon employment) Yes No

Date available for work ____/____/____ - (if seasonal, through date) ____/____/____

Pay Desired \$_____/per hour Type of employment desired Full Time Part Time Per Diem/Registry

Are you able to meet the attendance requirements of the position? Yes No

Have you ever been convicted of a misdemeanor or felony offense? (Conviction may be relevant, but may not bar you from employment.) .. Yes No

Have you used any illegal drugs or used controlled substances without a prescription in the last two years?..... Yes No

Driver's license number _____ State _____

If you were referred to us by an individual or agency please list their name: _____

EMPLOYMENT HISTORY

List employment, U.S.military experience, assignment, and volunteer activities beginning with the most recent.

| | | |
|--------------------|---|-----------|
| Employed From-Thru | Employer | Telephone |
| Job Title | Address (Street, City, State) | |
| Supervisor | Job Duties | |
| Reason for leaving | Hourly Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____ | |
| Employed From-Thru | Employer | Telephone |
| Job Title | Address (Street, City, State) | |
| Supervisor | Job Duties | |
| Reason for leaving | Hourly Rate/Salary: Start \$ _____ per _____ Final \$ _____ per _____ | |

List other employment not listed above which may include duties relative to the position applied.

| Employed From-Thru | Employer | Duties |
|--------------------|----------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

SKILLS and QUALIFICATIONS

List special skills and qualifications you have acquired through employment or experience which are relevant.

EDUCATIONAL BACKGROUND

| Name and Location | Last Grade or Number of Years Completed | Course of Study | Graduated |
|--|---|-----------------|-----------|
| High School: | | | Yes / No |
| College: | | | Yes / No |
| Other (including special training/certification: | | | Yes / No |

REFERENCES

| Name | Telephone | Years Known | Was reference checked by PMHC |
|------|-----------|-------------|-------------------------------|
| | () - | | |
| | () - | | |
| | () - | | |

I understand and agree any misrepresentation in this application will be cause for termination of this application and/or employment, if I have been employed. Furthermore, I understand just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand no representative of the employer has the authority to make any assurances to the contrary. I agree, if offered employment, to comply with all PMHC policies and all applicable federal, state and local laws and regulations in effect during my employment.

I give the employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Background Verification Disclosure

As part of the employment process, Phelps Memorial Health Center, may obtain a Consumer Report and/or an Investigative Consumer Report. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment only, a Consumer Report may be made which may include information about your credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding you character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize ChoicePoint, on behalf of Phelps Memorial Health Center to procure a Consumer Report which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, court record repositories, department of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and Scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Notice

I understand I am applying for a position at a tobacco-free facility, that does not permit smoking and the use of tobacco products in the building, on the grounds or parking areas of any owned/rented/leased property of Phelps Memorial Health Center beginning 11/17/05.

Signature of Applicant _____ Date ____/____/____

Was applicant interviewed? ___ No ___ Yes, on ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER

PHELPS MEMORIAL HEALTH CENTER
S.E.R.V.E. AGREEMENT

Phelps Memorial Health Center is an organization committed to values. The values are reflected in all contracts with customers and partners. Following the S.E.R.V.E. values will be a key to success at Phelps Memorial Health Center. Our commitment is to our values of service, excellence, respect, value and enthusiasm and we shall accept nothing less.

Service

To promptly respond to opportunities which meet the needs for our patients, Medical staff, our community and one another.

- attend to patients and families immediately.
- notice when someone looks confused or lost and will stop to help.
- walk customers to their destination.
- explain plans and procedures in words our customers understand.
- invite and answer questions.
- anticipate, explain and apologize for any delays.

Excellence

To constantly strive for the highest quality in everything we do—accept nothing less

- committed to excellence through continuous improvement.
- strive to be the best in all we do.
- intolerant of “good enough”

Respect

To display a regard for life, dignity, diversity and individuality of those served and to those serving

- treat others as they wish to be treated
- be honest and open
- treat patients and families as partners and members of the healthcare team.
- respect differences in values, cultures, beliefs and ages.
- diversity will be a part of all our daily practices.
- respect the dignity of all.
- show empathy and consideration in our words and actions.
- protect the confidentiality of information.
- limit discussions of confidential information to appropriate, private locations.
- demonstrate respect for customers, and the institution through our behavior, and words.
- dress appropriately, adhering to our department’s dress code.
- present a positive image of Phelps Memorial Health Center in all our interactions.

Value

To innovatively and creatively utilize resources to achieve results of genuine worth

- be polite whenever we communicate.
- be friendly and welcoming.
- acknowledge customers.
- introduce ourselves by name, title or role.
- wear our ID badges so they can easily be seen and read.
- knock and wait a moment before entering a patient’s room.
- not disturb others.
- talk quietly when we are in patient care areas, shared offices, public spaces and hallways.
- limit group conversations in public areas and will be aware of where personal conversations take place.
- work cooperatively, as members of a team.
- acknowledge our co-workers’ contributions.
- contribute to a positive work environment.
- be timely and meet deadlines.

Enthusiasm

To reflect a spirit of joy and positive feelings in all our daily words and deeds.

- positive attitude in all personal interactions
- optimistic
- caring, concerned, compassionate
- receptive and responsive

As a potential Phelps Memorial Health Center partner, I am willing to commit to living the values of Phelps Memorial Health Center.

Signature _____ Date _____ / _____ / _____